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patent attorneys

October 12, 2007



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I hereby certify that this paper or fee is being deposited with the United States Postal Service "Express Mail Post Office to Addressee" service under 37 C.F.R. 1.10 on the date indicated above and is addressed to Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Shayla D. Anderson

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Re: U.S. Patent Application Serial No. 10/743,887 for METHODS AND SYSTEMS
FOR HITLESS SWITCH MANAGEMENT MODULE FAILOVER AND UPGRADE
Our Ref. 1427/6

Sir:

Please find enclosed in connection with the subject U.S. patent application the following documents:

1. An Amendment Transmittal (2 pages);
2. An Amendment A (34 pages) with copies of Response to Notice to File Missing Parts and executed Declaration attached;
3. An Information Disclosure Statement (3 pages);
4. Forms PTO/SB/08a and PTO/SB/08b (2 pages);
5. Copies of six (6) cited references;
6. A check in the amount of \$3,120.00;
7. A return-receipt postcard to be returned to us with the U.S. Patent and Trademark Office filing stamp thereon; and
8. A Certificate of Express Mail No.: EM143184397US.

A check in the amount of \$3,120.00 (representing the \$2,940.00 additional claims fee and the \$180.00 submission of an Information Disclosure Statement fee) is enclosed. However, the Commissioner is hereby authorized to charge any deficiencies of payment or credit any overpayment associated with the filing of this correspondence to Deposit Account No. 50-0426.

Respectfully submitted,

JENKINS, WILSON, TAYLOR & HUNT, P.A.

Gregory A. Hunt
Registration No. 41,085
Customer No.: 25297

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Enclosures

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Practitioner's Docket No. 1427/6

PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of: Dayal et al.

Application No.: 10/743,887

Group No.: 2609

Filed: 12/22/2003

Examiner: Liu, Ben H.

For: METHODS AND SYSTEMS FOR HITLESS SWITCH MANAGEMENT MODULE
FAILOVER AND UPGRADE

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

AMENDMENT TRANSMITTAL

1. Transmitted herewith is an amendment for this application.

STATUS

2. Applicant is other than a small entity.

EXTENSION OF TERM

3. The proceedings herein are for a patent application and the provisions of 37 C.F.R. 1.136 apply. Applicant believes that no extension of term is required. However, this conditional petition is being made to provide for the possibility that applicant has inadvertently overlooked the need for a petition for extension of time.

CERTIFICATION UNDER 37 C.F.R. §§ 1.8(a) and 1.10*

*(When using Express Mail, the Express Mail label number is mandatory;
Express Mail certification is optional.)*

I hereby certify that, on the date shown below, this correspondence is being:

MAILING

■ deposited with the United States Postal Service in an envelope addressed to the Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

37 C.F.R. § 1.8(a)

☐ with sufficient postage as first class mail.

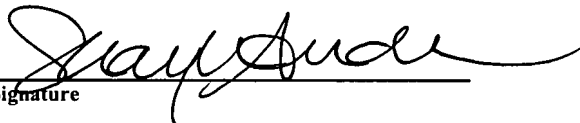
37 C.F.R. § 1.10*

■ as "Express Mail Post Office to Addressee"

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TRANSMISSION

☐ facsimile transmitted to the Patent and Trademark Office, (571) 273 - 8300.


Signature

Date: October 12, 2007

Shaylor D. Anderson

(type or print name of person certifying)

** Only the date of filing (§ 1.6) will be the date used in a patent term adjustment calculation, although the date on any certificate of mailing or transmission under § 1.8 continues to be taken into account in determining timeliness. See § 1.703(f). Consider "Express Mail Post Office to Addressee" (§ 1.10) or facsimile transmission (§ 1.6(d)) for the reply to be accorded the earliest possible filing date for patent term adjustment calculations.*

FEE FOR CLAIMS

4. The fee for claims (37 C.F.R. 1.16(b)-(d)) has been calculated as shown below:

	(Col. 1)	(Col. 2)	(Col. 3)	OTHER THAN A SMALL ENTITY			
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NO. PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE		ADDIT. FEE	
TOTAL	44	—	44	=	0	x	\$ 50.00 = \$ 0.00
INDEP.	17	—	3	=	14	x	\$ 210.00 = \$ 2,940.00
FIRST PRESENTATION OF MULTIPLE DEP. CLAIM				+		\$	0.00 = \$ 0.00
				TOTAL			
				ADDIT. FEE		\$ 2,940.00	

Total additional fee for claims required \$2,940.00

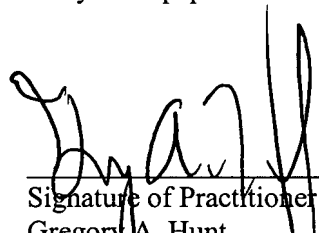
FEE PAYMENT

5. Attached is a check in the sum of \$3,120.00 representing the \$2,940.00 additional claims fee and \$180.00 Information Disclosure Statement fee.

Charge any additional fees required by this paper or credit any overpayment to Deposit Account No. 50-0426.

Date: October 12, 2007

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